

Education, Training, and Resource Development Unit
HIV/AIDS Prevention and Intervention Section
Division of Chronic Disease and Injury Control
109 Michigan Avenue (9th Floor), Lansing, MI 48913

Print Form

UPDATE DOCUMENTATION FORM

Directions:

1. Complete the form in its entirety. Failure to do so will delay processing.
2. Include an explanation of the event's relevance to job duties.
3. Provide verification of attendance for non-HAPIS events such as registration confirmation which includes your name and date of event or conference booklet or agenda.
4. Include a copy of any certificates of completion obtained as a result of the education activity.

For medical continuing education journals, videos and online resources.

1. Complete form in its entirety. Failure to do so will delay processing.
2. Include a copy of the article.
3. Write a summary of any video or online resources.

Name	<input type="text"/>	Title	<input type="text"/>
Agency Name	<input type="text"/>		
Agency Address	<input type="text"/>		
Work Phone	<input type="text"/>	Email	<input type="text"/>

TYPE OF UPDATE (Check corresponding box)

<input type="checkbox"/> HIV Test Counselor	Counselor ID #	<input type="text"/>	Last Update (mm/yy)	<input type="text"/>
<input type="checkbox"/> Case Manager				
<input type="checkbox"/> Partner Services				

Update Attended/Completed

Topic	<input type="text"/>	Contact Hours	<input type="text"/>	Date	<input type="text"/>
Sponsor Agency	<input type="text"/>	Documentation Attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Topic	<input type="text"/>	Contact Hours	<input type="text"/>	Date	<input type="text"/>
Sponsor Agency	<input type="text"/>	Documentation Attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

**Print, fill out and fax form to 517-241-5731
ETRDU@michigan.gov for questions**